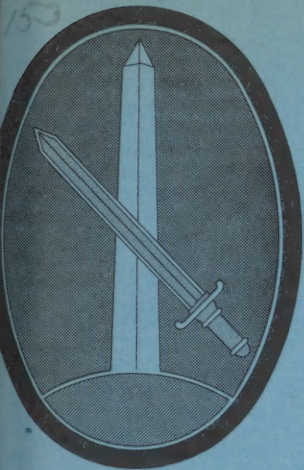


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MONTHLY HEALTH REPORT



ARMY
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VOL 2 NO 2

MILITARY DISTRICT OF WASHINGTON

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MONTHLY HEALTH REPORT

INTRODUCTION

THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U.S.C., 31 AND 32 AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW.

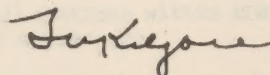
HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
The Pentagon, Washington 25, D. C.

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.



FLOYD V. KILGORE
Colonel, MC
Surgeon

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PREVENTIVE MEDICINE

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GENERAL COMMENT

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type department installation, differential health statistics for the Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

The general health of the troops of the Military District of Washington has remained at a satisfactory level. The non-effective rate continued the downward trend that started in October 1948. The rate for January 1949 was 10.57 a decided decrease from January 1948, which was 15.28.

Because of the influence of the Christmas holidays it could be expected that the admission for all causes during the four week period ending 28 January would reflect an increase over that of the previous month. There were 586 admissions for all causes during January with a rate of 281.2. The General Dispensary, USA reported the lowest rate of all units with 200.3.

Admissions for injuries decreased from 62 with a rate of 32.2 for December to 43 with a rate of 27.0 in January. All units reported a reduced rate in the number of injuries but Fort Myer (South Post). In January Fort Myer (South Post) reported 3 injuries compared to 6 injuries during the present month.

Fort Belvoir reported 7 discharges for medical reasons during January as compared to 1 for December 1948.

Incidence of psychiatric diseases increased to a rate of 12.5 from 3.0 for December. Fort Belvoir reported 20 cases of psychiatric diseases compared to 6 the preceeding month.

No deaths were reported by any installation of the Military District of Washington during the month.

COMMUNICABLE DISEASE

The rate for respiratory admissions for all stations within MDW rose to 79.7, from 53.0 for December. The rate declined from 160.0 for January a year ago.

A total of 11 cases of pneumonia was reported for a rate of 6.9. There were 11 cases also reported during the preceeding month when the rate was 5.7.

The rate of 7.7 for 12 cases of influenza during the month is 3.5 points higher than the previously reported rate. The rate for January as compared to a year ago showed a decided decrease. Influenza during the winter period has been remarkably low this year; Fort Belvoir, for example, reported no cases during this current month. Only stations with influenza rates higher than the aggregate were Fort McNair and Fort Myer (North Post).

The installations reported 8 cases of measles for January. No cases of measles were reported for December 1948.

No cases of scarlet fever or malaria were reported. There were 3 cases of mumps, 2 cases of tuberculosis, 1 case of rheumatic fever, and 4 cases of diarrhea during the period.

Pertinent statistical tables may be found on pages 2 and 4.

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GENERAL DATA
 4 Week Period Ending 28 January 1949
 (Data From WD AGO Form 8-122)

Station	Mean Strength			Admissions						Non-Effective Rate	Number of CDD's	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rates	Cases	Rates	Cases	Rates			
Fort Belvoir	8,335	7,343	992	181	282.3	174	271.4	7	10.9	18.32	7	0
Fort McNair	1,007	920	87	56	722.9	48	619.7	8	103.2	5.60	0	0
Fort Myer (North Post)	1,745	1,523	222	106	789.7	100	745.0	6	44.7	22.90	0	0
Fort Myer (South Post)	1,943	1,943	0	80	535.2	74	495.1	6	40.1	2.28	0	0
General Dispensary, USA	5,783	5,755	28	98	220.3	93	209.1	5	11.2	2.25	0	0
All Others	1,905	1,905	0	65	1,774.3	54	1474.0	11	300.3	6.82	0	0
Total Mil Dist of Wash	20,718	19,389	1,329	586	367.7	543	340.7	43	27.0	10.57	7	0
Army Medical Center	2,726	2,462	264	148	705.8	136	648.6	12	57.2	462.58	51	9
Total Dept/Army Units	23,444	21,851	1,593	734	232.6	679	215.2	55	17.4	63.13	58	9
CLASS III UNITS												
Andrews Air Force Base	3,931	3,931	0	181	153.1	67	126.6	14	26.5	3.14	0	2
Bolling Air Force Base	5,777	5,777	0	154	198.0	141	181.3	13	16.7	8.30	0	1
1254th MATS	622	622	0	15	179.1	15	179.1	0	-	1.09	0	0
Total Dept/Air Force Units	10,330	10,330	0	250	179.8	223	160.4	27	19.4	5.91	0	3
Consolidated Total	33,774	32,181	1,593	984	216.4	902	198.4	82	18.0	45.63	58	12

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
 4 Week Period Ending 28 January 1949
 (Data From WD AGO Form 8-122)

Station	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Fort Belvoir	31.2	12.5	12.5	-	6.2	1.6	-	1.6	-	-	7.8	-	31.2
Fort McNair	154.9	-	-	12.9	12.9	-	-	-	-	51.6	-	-	-
Fort Myer (North Post)	230.9	14.9	-	14.9	7.4	-	-	-	-	-	7.4	-	-
Fort Myer (South Post)	53.5	-	-	6.7	-	-	-	6.7	-	-	-	-	-
General Dispensary, USA	92.2	2.3	2.3	4.5	2.3	2.3	-	-	2.3	-	-	-	-
All Others	409.4	-	-	163.8	27.3	27.3	-	-	-	-	-	-	-
Total Mil Dist of Wash	79.7	6.9	5.6	7.7	5.0	1.9	-	1.3	0.6	2.5	3.8	-	12.5
Army Medical Center	19.1	14.3	4.8	-	-	-	-	9.5	-	-	4.8	-	-
Total Dept/Army Units	72.6	7.8	5.5	6.7	4.4	1.7	-	2.2	0.6	2.2	3.9	-	11.1
CLASS III UNITS													
Andrews Air Force Base	69.4	-	-	13.2	3.3	3.3	-	-	-	-	-	3.3	3.3
Bolling Air Force Base	20.3	6.8	6.8	22.5	6.8	-	-	-	2.3	20.3	6.8	-	18.0
1254th MATS	41.8	-	-	-	-	-	-	-	-	-	-	-	-
Total Dept/Air Force Units	40.3	3.8	3.8	17.6	5.1	1.3	-	-	1.3	11.3	3.8	1.3	11.3
Consolidated Total	623.4	6.5	5.0	10.0	4.6	1.5	-	1.5	0.8	5.0	3.8	0.4	11.2

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VENEREAL DISEASE: ARMY TROOPS

The venereal disease rate for Army personnel in Class I and II installations increased slightly to 23.29 from 22.09 for December. There were 42 cases this present month as compared to 48 during December. The rise in rate may be attributed to the fact that the month of December was a five week report period, whereas January was a four week report period.

The rate at Fort Belvoir which had rose sharply during December to 32.96 declined to 29.63 the present month.

Fort McNair reported a rate of 64.55 for the highest of any Department of the Army installation. The General Dispensary had the lowest incidence with a rate of 2.25.

The rate for both white and negro troops increased slightly during January.

VENEREAL DISEASE: AIR FORCE TROOPS

Venereal disease among personnel in Air Force units in the area remained about the same as during the last report period. The January rate was 23.91 compared to 23.95 for December. No negro troops are presently assigned to Air Force units.

For the past two months the 1254th MATS have been the only unit to report no incidence of venereal disease.

The term "Chargeable Cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

Pertinent statistical tables and charts may be found on pages 4, 5, 6, and 7.

NEW VENEREAL DISEASE CASES - EXCL EPTS - JANUARY AND DECEMBER

STATION	Rate per 1000 per year	
	DECEMBER 48	JANUARY 49
Fort Belvoir	32.96	29.63
Fort McNair	22.08	64.55
Fort Myer (North Post)	16.83	44.70
Fort Myer (South Post)	32.07	13.38
General Dispensary, USA	3.68	2.25
All Others	18.13	54.60
Total Mil Dist Wash Units	21.31	21.96
Army Medical Center	28.05	33.38
Total Dept/Army Units, Mil Dist of Washington	22.09	23.29
CLASS III UNITS		
Andrews Air Force Base	22.33	23.15
Bolling Air Force Base	27.35	27.00
1254th MATS	-	-
Total Class III Units	23.95	23.91
CONSOLIDATED TOTAL	22.66	23.48

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

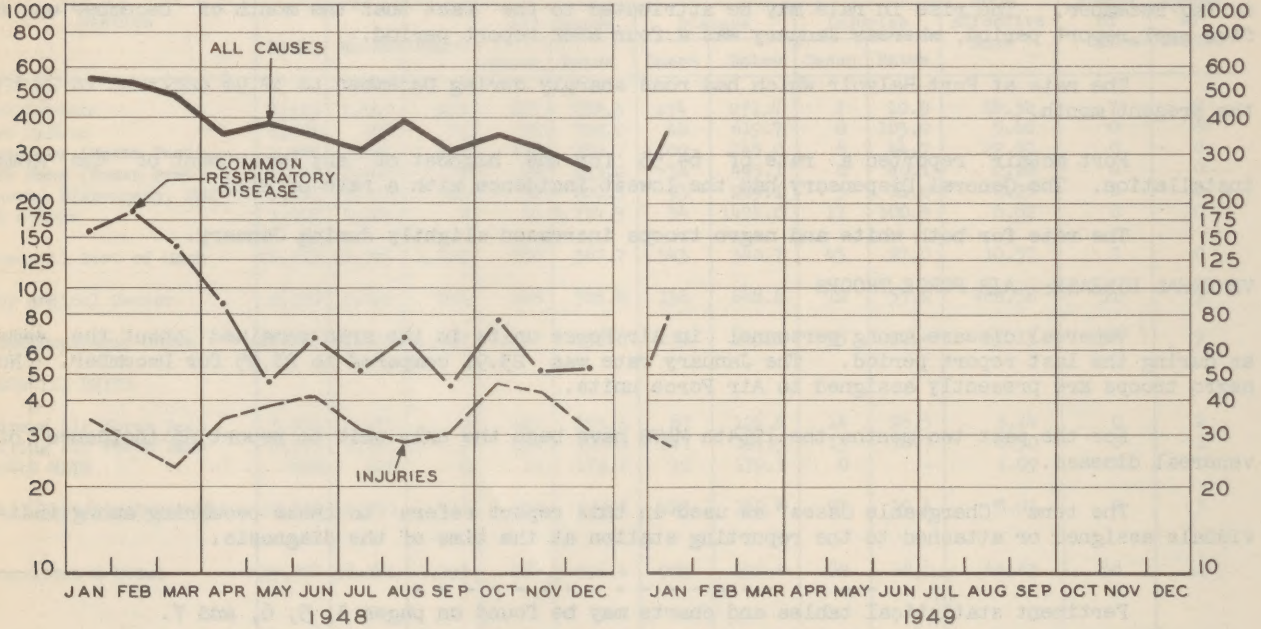
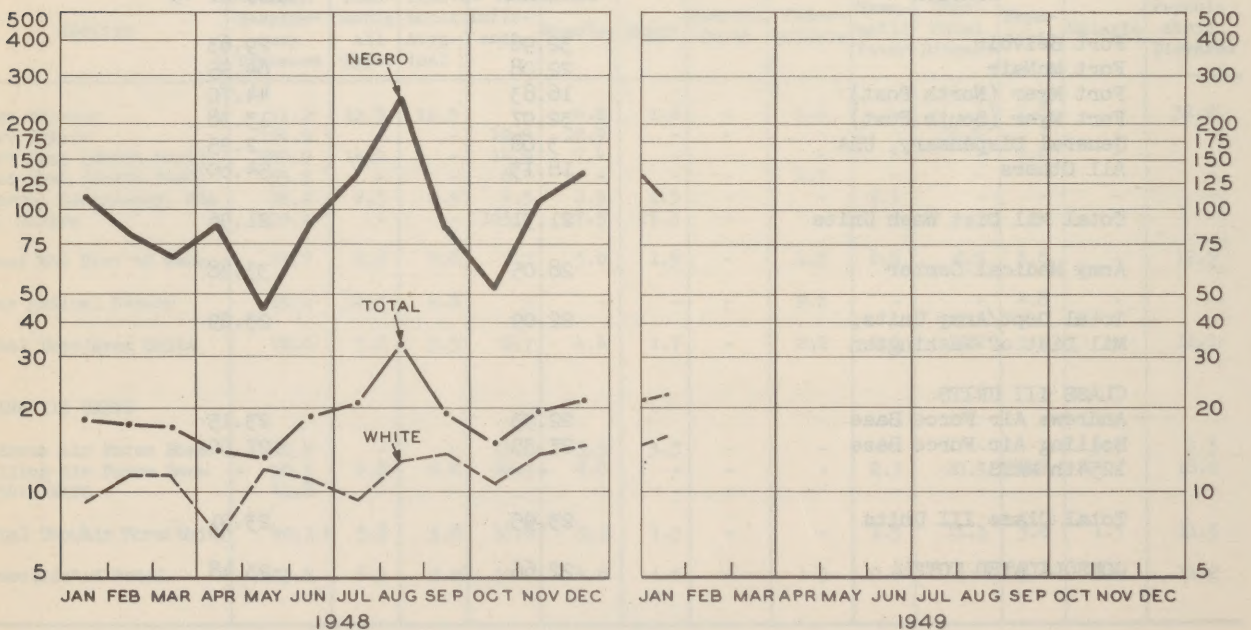


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT

For the Four Week Period Ending 28 January 1949

(Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7,343	1	11	0	12	21.24	6
	N	992	0	6	1	7	91.73	6
	T	8,335	1	17	1	19	29.63	12
Fort McNair	W	920	0	5	0	5	70.65	0
	N	87	0	0	0	0	-	0
	T	1,007	0	5	0	5	64.55	0
Fort Myer (North Post)	W	1,523	0	2	0	2	17.07	17
	N	222	0	4	0	4	234.23	0
	T	1,745	0	6	0	6	44.70	17
Fort Myer (South Post)	W	1,943	0	2	0	2	13.38	0
	N	0	0	0	0	0	-	0
	T	1,943	0	2	0	2	13.38	0
General Dispensary, USA	W	5,755	0	1	0	1	2.26	0
	N	28	0	0	0	0	-	0
	T	5,783	0	1	0	1	2.25	0
All Others	W	1,905	0	2	0	2	54.60	0
	N	0	0	0	0	0	-	0
	T	1,905	0	2	0	2	54.60	0
Total Mil Dist of Wash	W	19,389	1	23	0	24	16.09	23
	N	1,329	0	10	1	11	107.60	6
	T	20,718	1	33	1	35	21.96	29
Army Medical Center	W	2,462	1	3	0	4	21.12	455
	N	264	2	1	0	3	147.73	368
	T	2,726	3	4	0	7	33.38	823
Total Dept/Army Units	W	21,851	2	26	0	28	16.66	478
	N	1,593	2	11	1	14	114.25	374
	T	23,444	4	37	1	42	23.29	852
CLASS III UNITS Andrews Air Force Base	W	3,931	1	6	0	7	23.15	15
	N	0	0	0	0	0	-	0
	T	3,931	1	6	0	7	23.15	15
Bolling Air Force Base	W	5,777	2	9	1	12	27.00	56
	N	0	0	0	0	0	-	0
	T	5,777	2	9	1	12	27.00	56
1254th MATS	W	622	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	622	0	0	0	0	-	0
Total Dept/Air Force Units	W	10,330	3	15	1	19	23.91	71
	N	0	0	0	0	0	-	0
	T	10,330	3	15	1	19	23.91	71
Consolidated Total	W	32,181	5	41	1	47	18.99	549
	N	1,593	2	11	1	14	114.25	374
	T	33,774	7	52	2	61	23.48	923

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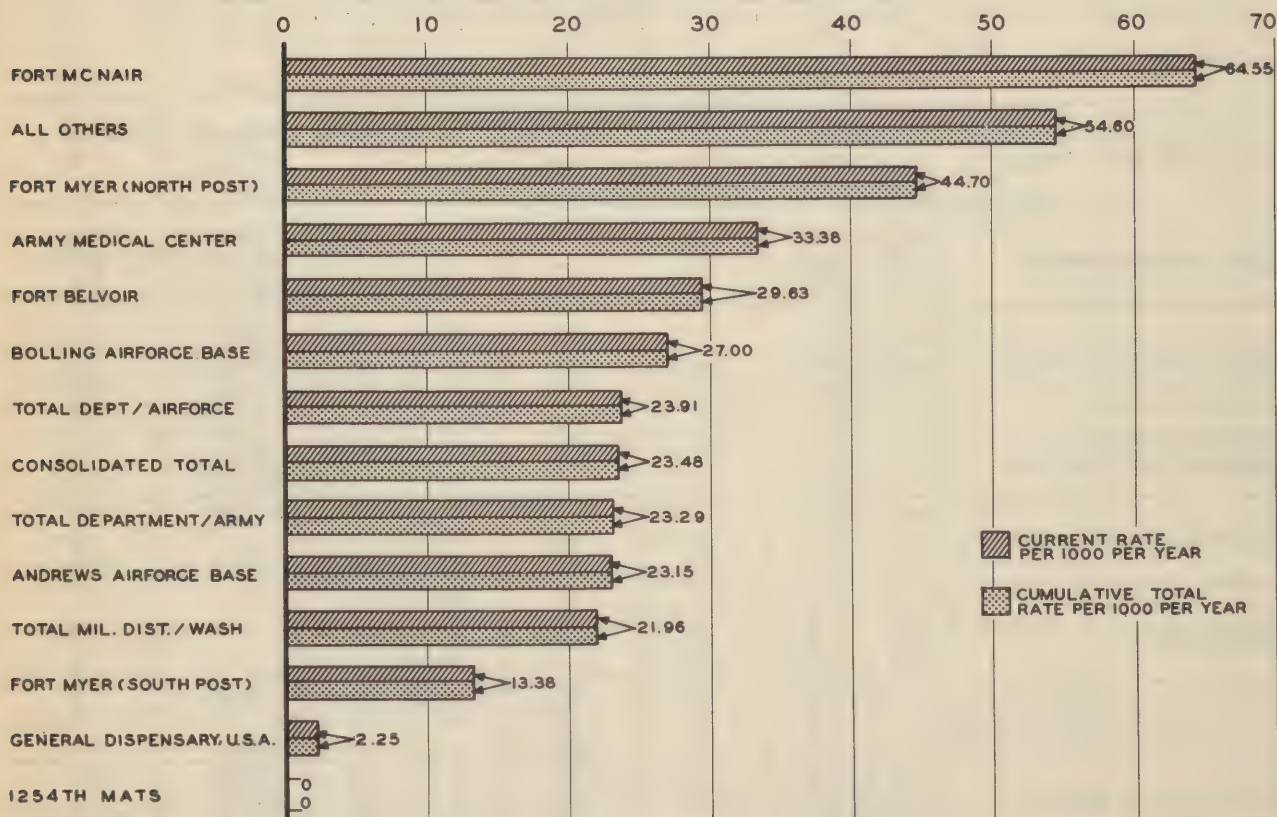
RESTRICTED**PREVENTIVE MEDICINE****VENEREAL DISEASE RATES FOR THE US ***

(All Army Troops)

	DECEMBER 48	JANUARY 49
First Army Area	31	33
Second Army Area	27	37
Mil District of Washington	23	23
Third Army Area	32	37
Fourth Army Area	19	23
Fifth Army Area	17	25
Sixth Army Area	24	25
Total United States	25	30

* Compiled in the Office of the Surgeon General and include General Hospitals and Class III installations.

VENEREAL DISEASE RATES PER 1000 PER YEAR
FOUR WEEK & CUMULATIVE TOTALS ENDING 28 JANUARY 1949
TOTAL WHITE & NEGRO PERSONNEL
(CHARGEABLE CASES)

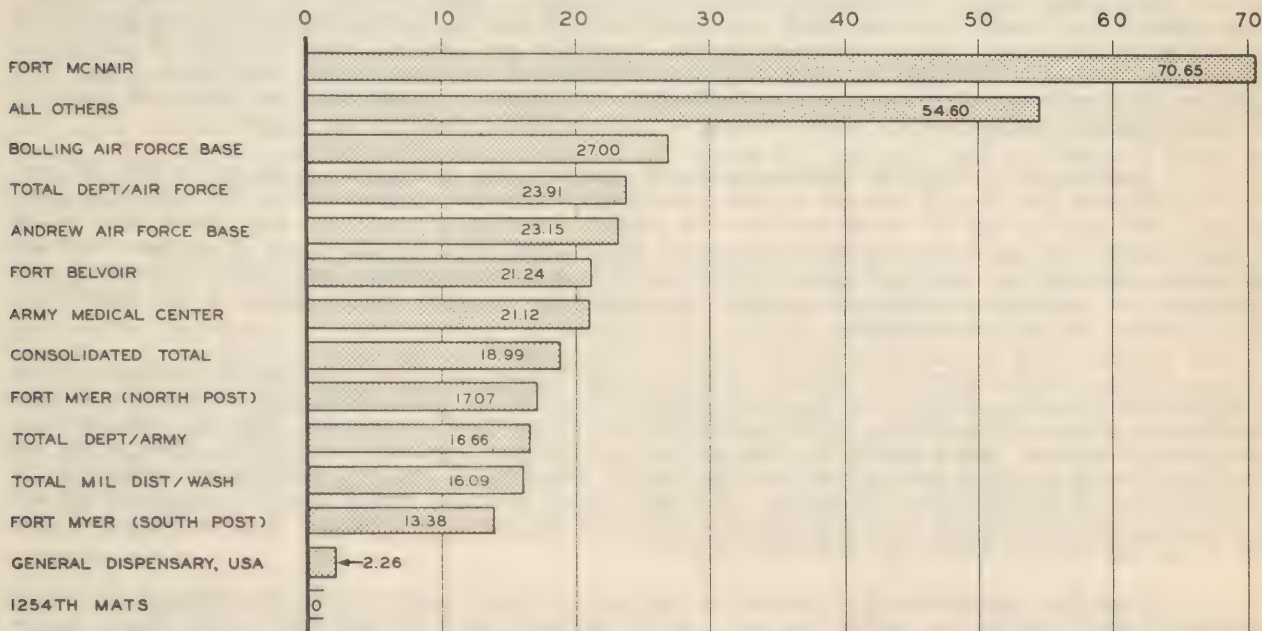
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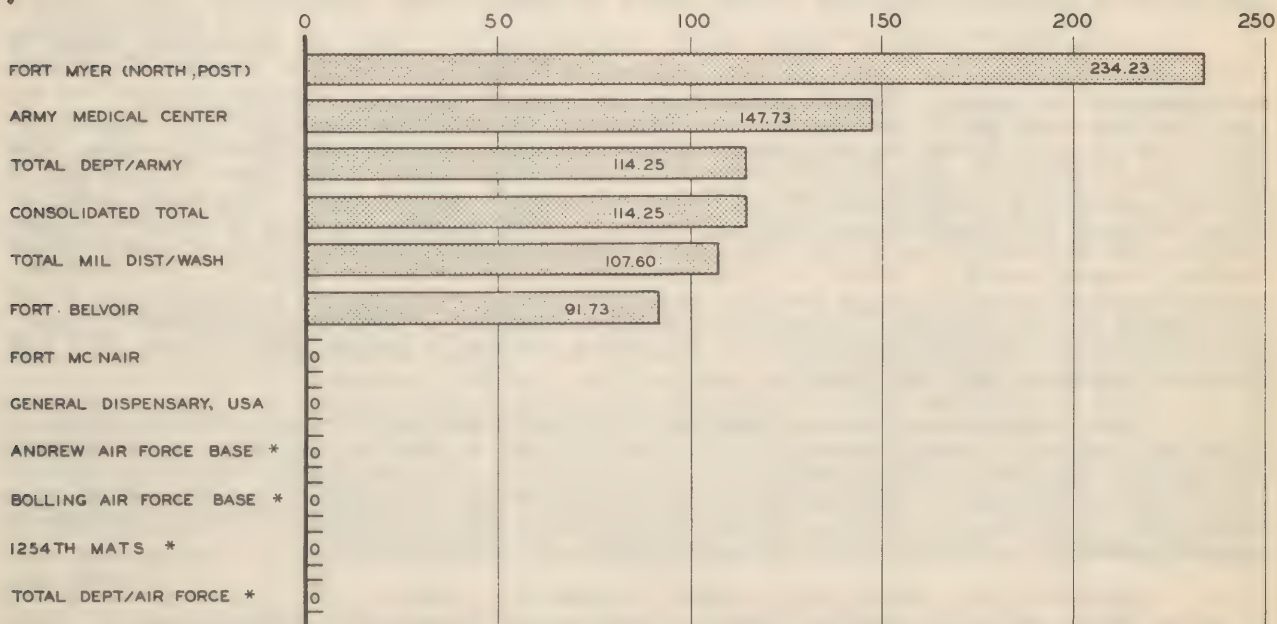
VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 28 JANUARY 49

WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 28 JANUARY 49

NEGRO PERSONNEL (CHARGEABLE CASES)



* No Negro Personnel Assigned.

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PREVENTIVE MEDICINE

INFLUENCES AFFECTING THE PRACTICE OF PREVENTIVE MEDICINE

"Preventive medicine in military and civilian life would appear offhand to be characterized by more significant differences than actually exist. They are greater than need to exist. This comes about through the prescribed responsibility of the military surgeon for both preventive and curative medicine. His civilian colleague by choice and custom tends to think of his obligations as limited to matters of diagnosis and treatment of disease in the individual. Such activities in preventive medicine as he may undertake are commonly looked upon as subsidiary and fall of the coordinate emphasis with which the physician in military medicine is charged.

Accustomed to approach medical problems through the individual, his activities in preventive medicine are usually limited to the individual, with more or less neglect of group considerations. The opportunity for solid contribution through practice of what Paul and others have called family epidemiology has been repeatedly stressed. Barnes has described the place of epidemiology and preventive medicine in modern hospital practice. The physician with a communicable disease in one family of his clientele assuredly has preventive obligations to other family groups of the community, for whose health he is responsible.

The civilian physician has no direct responsibility for the broad health problems of the community as a whole, in contrast to the military surgeon who is both physician and health officer. He commonly chooses to interpret that obligation as a function of government through organized Departments of Health, and a field for the specialist in public health. In his own practice he has full opportunity to apply preventive measures to the individual; but his performance usually fails to match that of his military colleague. His small group problems remain largely unappreciated and untouched. The differences that exist between military and civilian practice of preventive medicine are to an appreciable extent man made and artificial.

From the standpoint of financial return the civilian practitioner has commonly failed to appreciate what dentistry, pediatrics and obstetrics have amply demonstrated--that people can be convinced of the value of preventive services and are willing to pay for them. There is too little conviction that the ethical practice of modern medicine involves the obligation of prevention as well as cure. The professional possibilities of such practice are grossly underdeveloped. The primary fault would seem to rest with medical education through failure to demonstrate that the medical problems of this modern civilization are not those of a generation or two ago; that these changes tend to become more marked; and that altered conditions demand changes in attitude.

In the first place the communicable diseases are no longer the outstanding causes of death. When they were, good reason may have existed for delegating preventive measures to official and centralized authority. They are amenable to that line of attack and sometimes only so. At any rate they have given way to the degenerative, neoplastic and metabolic diseases, a circumstance related importantly to changes in the character of our population--which is progressively aging. Less people die in childhood of acute infection, and therefore more people live to develop diseases of the aged; likewise an improved standard of living and a better sanitary environment favor longevity. The situation is a resultant of a complex, ecologic adjustment beyond the scope of the present discussion. The essential thing is that these are the diseases of the moment. There is no mass immunization, no water supply to remedy, nor food to control, as the definitive answer to these problems. Accomplishment in control is to be expected from more certain definition of such conditions as the precancerous and the prediabetic state and from the institution of individualized preventive measures. Success is therefore dependent on the collective efforts of private practitioners, more than on action by public health authorities.

Physicians of experience and imagination are continually impressed with the futility of an attempted progress in these diseases which is based on such an insecure principle as the repeated and temporary patching up of the broken down human machine. It is an uninspiring medical activity with little satisfaction in the individual or collective result. The promise of a more satisfactory future seems to lie in a principle of protective maintenance applied to man as is now so universally done with machines. And that is preventive medicine in its simplest terms.

Extracted from "The Military Surgeon", Volume 104, January, 1949, No.1, by Colonel John E. Gordon, M.C., A.U.S., Professor of Preventive Medicine and Epidemiology, Harvard School of Public Health, Boston, Massachusetts.

PROFESSIONAL SERVICES

STANDARDS OF CARE

"The purpose of any hospital is to care for the human body which has become diseased or injured and to restore it to normal or as nearly normal as possible. Every applicable art and science known to mankind must be utilized in fulfilling this purpose. It follows, then, that persons proficient in the use of these arts and sciences must be provided if the hospital is to discharge its responsibility. Comfortable surroundings and adequate equipment are, of course, a primary requisite, but a hospital is merely a structure filled with complicated machinery unless the persons who serve it are competent to use its facilities. Care and treatment are founded on the patient's tranquillity of mind and on the confidence which he reposes in the skill and knowledge of those who care for him. Competence, then, is a quality which the patient has a right to expect from the staff of a hospital.

The standard of medical competence which is publicly recognized is the license to practice granted by the Government. This is a minimum standard without which the practice of medicine becomes an illegal act. We are aware, however, that there are varying degrees of competence in the medical profession, and few of us will accept the minimum if a higher standard is available. Professional excellence is a quality which defies analysis and offers few criteria for its assessment. This is true of any profession, but is especially applicable to the medical and allied professions who contribute their knowledge to the treatment of the hospital patient. Through usage, an intangible standard called "good medicine" is now recognized within the ranks of the medical profession. Physicians and hospitals are rated according to the medicine which they practise, whether it be "good" or otherwise. Despite the numerous standards established by medical organizations for the guidance of the profession, there is still no accurate method of determining what constitutes "good medicine", and this loose term has come to mean the best medicine which can be practised under existing circumstances.

The physicians's oath binds him to practise the art to the best of his ability and when he has done this he may be said to have practised "good medicine". This is a concept which goes back to the origin of the profession. In every day and age, medicine has been limited in knowledge and in facilities. The honorable physician has always recognized that medicine PER SE is at best a mere aid to the natural healing processes. This professional humility once prompted Ambroise Pare to say: "I dressed the wound, God healed it." Thus, the meaning of the term "good medicine" will vary according to circumstances. The isolated physician removing an appendix on the kitchen table with rude instruments; the medical officer applying a rifle splint on the field of battle; the neurosurgeon performing in his sterile theatre; all can be said to practice "good medicine" for each is doing the best he can under the circumstances.

Hospital care is measured vaguely in the same way, by its "goodness". The concept of "good care" like "good medicine" depends upon the point of view. The standards of some hospitals are higher than others, but all claim to be practising "good medicine" and to be giving "good care" to the patient. The claims of all cannot be valid, for the lower standard, surely, cannot be as "good" as the higher. Some contend, however, that the lower standard, though not the best, is adequate and that, as long as the essentials of medical treatment are provided, the hospital renders "good care" and practises "good medicine".

The question, therefore, is to distinguish between essential and non-essential medical services. There seems to be no uniformity of opinion, for those who have them regard them as essential while those who have not regard them otherwise. One will rarely find a hospital admitting to the operation of an unnecessary service. On this point we submit that EVERY KNOWN ART OR SCIENCE AND EVERY SERVICE OR FACILITY WHICH CONTRIBUTES APPRECIABLY TO THE PREVENTION OF DEATH, TO THE SHORTENING OF AN ILLNESS, TO THE ACCELERATION OF CONVALESCENCE, OR TO THE PROLONGATION OF LIFE IS AN ESSENTIAL. In short, we believe that there is no such thing as "good medicine" or "good care", there is only the best. Anything less than the best is inadequate. The sick man who is admitted to a hospital for treatment, firmly believes that everything within the realm of human power will be done to make him well. To provide him with anything less than the best is to break faith. "Good care" and "good medicine", then, really mean the highest standard of applicable art and science which is available."

Extracted from "Treatment Services Bulletin" [Volume III, November 1948, No. 10, by C. U. Letourneau, M.D., Medical Superintendent Queen Mary Veterans Hospital, Montreal, P.Q.]

VETERINARY SERVICE

POUNDS MEAT, MEAT FOOD AND DAIRY PRODUCTS INSPECTED JANUARY 1949
(Data Obtained From WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		63,692	79,259		142,951	11,059		296,961
Fort Belvoir, Virginia		244,280	151,105		420,969	57,431		873,785
Potomac Yards Distribution Point		264,712	119,000					764,760
Fort Myer, Virginia		166,064	159,289	381,048	372,462	15,963		713,778
Mil Dist/Washington Vet Det	171,958							171,958
US Navy	29,323							29,323
The Pentagon						244,368		244,368
Total	201,281	738,748	508,653	381,048	936,382	328,821		3,094,933
Army Medical Center		177,392	74,395		251,816	3,288		506,891
Washington Quartermaster		95,180	62,184		220,928	7,563		385,855
Andrews Air Force Base		73,749	55,879		146,551	18,941		295,120
Bolling Air Force Base		135,566	89,468		249,566	51,300	2,615	528,515
Total		481,887	281,926		868,861	81,092	2,615	1,716,381
Grand Total	201,281	1,220,635	790,579	381,048	1,805,243	409,913	2,615	4,811,314
REJECTIONS:								
Army Medical Center		6						6
Not type, class or grade								
US Navy	2,005							2,005
Not type, class or grade								
Fort Myer		840						840
Not type, class or grade								
Mil Dist/Washington Vet Det	2,290							2,290
Not type, class or grade								
TOTAL REJECTIONS	4,295	846						5,141

- * Class 3 - Prior to Purchase
- * Class 4 - On delivery at Purchase
- * Class 5 - Any Receipt Except Purchase
- * Class 6 - Prior to Shipment
- * Class 7 - At Issue or Sale
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OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the four week period ending 28 January 1949, are indicated below:

ARMY:

Number of Outpatients. 14,132
Number of Treatments 20,495

NON ARMY:

Number of Outpatients. 8,430
Number of Treatments 15,766

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED. . . 2,917

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED . 6,497

HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

STATION	October 48	November 48	December 48	January 49
FORT BELVOIR				
Income per Ration	\$ 1.237	\$ 1.187	\$ 1.146	\$ 1.165
Expense per Ration	1.289	1.276	1.203	1.067
Gain or Loss	- 0.052	- 0.090	-0.057	+ 0.098
FORT MYER				
Income per Ration	1.243	1.198	1.150	1.273
Expense per Ration	1.251	1.036	1.092	1.421
Gain or Loss	-0.008	+ 0.160	+ 0.059	- 0.148

SUPPLY DISCIPLINE

1. Use supply and equipment for their intended purpose only.
2. Take care of them properly.
3. Don't waste them.
4. Don't let them get away.
5. Don't overdraw or hoard them.

ECONOMY IS EVERYBODY'S JOB!

DENTAL SERVICE - MONTH OF JANUARY 1949

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Exami- nations
											Full	Par- tial	Re- pair				
Fort Belvoir	5	124	1688	251	431	203	0	0	0	0	7	21	17	275	118	119	0
Fort McNair	1	23	563	242	164	23	0	0	3	0	2	13	0	38	18	44	371
Fort Myer (North Post)	1	31	799	181	44	32	1	1	3	0	5	8	9	54	17	587	348
Fort Myer (South Post)	1	23	249	73	12	8	0	0	0	0	2	7	1	36	5	91	86
General Dispensary, USA	3	84	1698	264	59	77	1	2	18	0	3	26	18	78	190	601	571
All others	1	25	318	83	20	13	0	0	1	0	0	5	3	16	0	17	231
Total Mil Dist of Wash	12	310	5315	1094	730	356	2	3	25	0	19	80	48	497	348	1459	1607

Number of civilian dentists and civilian days worked not included in columns 1 and 2.

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ADMINISTRATIVE DIVISION

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Following is a list of publications which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

Cir.No.	Subject	Date
5	Medical Officer - Military Resident Program	7 January 49
6	Army Regulations and Special Regulations	10 January 49
9	Army-Navy Medical Supply Catalog	12 January 49
11	Army Security Agency Officer Course	17 January 49
13	Medical Officer Procurement	26 January 49
13	Organization of the Department of the Army	26 January 49
14	Leadership	28 January 49

DEPARTMENT OF THE ARMY MEMORANDA

Memo No.	Subject	Date
340-15-4	Replying to Communications Received From the Congress	26 January 49

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
1	Directory and Station List, MDW	4 January 49
2	Amendment to Memorandum 1 - Station List	5 January 49
4	Hospitalization for Obstetrical Cases in MDW	18 January 49
6	Office Symbols of General and Special Staff Section, MDW	25 January 49
8	Audit, Non-Appropriated Funds and Accounts	31 January 49

SPECIAL REGULATIONS

SR No.	Subject	Date
605-95-1	Light Aviation Officer Program	3 January 49
700-140-1	Artificial Teeth; Facings and Backings	5 January 49
30-2210-50	Food Service - Field Rations	11 January 49
650-5-50	Career Guidance - Medical Corps Officers	17 January 49
700-105-50	Medical Department Ambulances	19 January 49

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